

Hurricane Katrina Disaster Relief Campaign

NO ADMINISTRATIVE FEES will be charged for this donation.
100% OF ALL CONTRIBUTIONS will go to the Disaster Relief Organization(s) you select as part of Hurricane Katrina Relief.

Social Security Number (required for payroll deduction)	FIRST Employee Name	MI	LAST

PLEASE TYPE OR PRINT LEGIBLY, USING A BALL POINT PEN (press hard).

PLEASE INDICATE BELOW THAT YOU WANT TO AUTHORIZE A MONTHLY PAYROLL DEDUCTION THROUGH THE DECEMBER 2005 PAY PERIOD. THIS DEDUCTION WILL OCCUR IN YOUR NEXT REGULAR PAY.

A. ☐ **MONTHLY PAYROLL DEDUCTION in the amount of**
*Please complete Section C for the designation(s) you wish to receive your contribution.

\$.00*

B. I authorize the STATE CONTROLLER to process the payroll deduction above.

SIGNATURE REQUIRED (INK ONLY)

DATE

C. DESIGNATION(S) TO THE SPECIFIC ORGANIZATIONS ASSISTING WITH DISASTER RELIEF

I wish to make the following designation(s):

DISASTER RELIEF ORGANIZATIONS <small>(per organization)</small>	AMOUNT <small>(\$2 minimum per organization)</small>	DISASTER RELIEF ORGANIZATION	AMOUNT <small>(\$2 minimum)</small>
1. Alabama Governor's Emergency Relief Fund		6. Mississippi Hurricane Recovery Fund	
2. American Red Cross		7. Salvation Army	
3. AmeriCares		8.	
4. Bush-Clinton Katrina Fund		9.	
5. Louisiana Disaster Recovery Foundation		10.	

In the blank spaces provided above, you may add contributions to additional charitable organizations engaged in Hurricane Katrina relief efforts. We recommend that you research any charitable organization to which you contribute. You can find information online at the charitable giving section of the [California Attorney General's Web site](#).

\$

D. I authorize my contributions to be distributed as stated above.

TOTAL MONTHLY DESIGNATION(S)
(MUST EQUAL THE AMOUNT
SHOWN IN ITEM A)

SIGNATURE REQUIRED (INK ONLY)

DATE

If you wish to have your donation acknowledged, provide your home address below.

Street City State Zip Code
()
Phone Number Email Address

Please forward this form to:

State Controller Steve Westly
Payroll Deductions Unit
PO Box 942850
Sacramento, CA 94250-5878

If you would like your contribution to begin with your September paycheck,
Please submit your contribution form to the State controller by September 16, 2005.